

INCREASING CANCER SCREENING WITH RURAL AND FRONTIER POPULATIONS

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Rural America



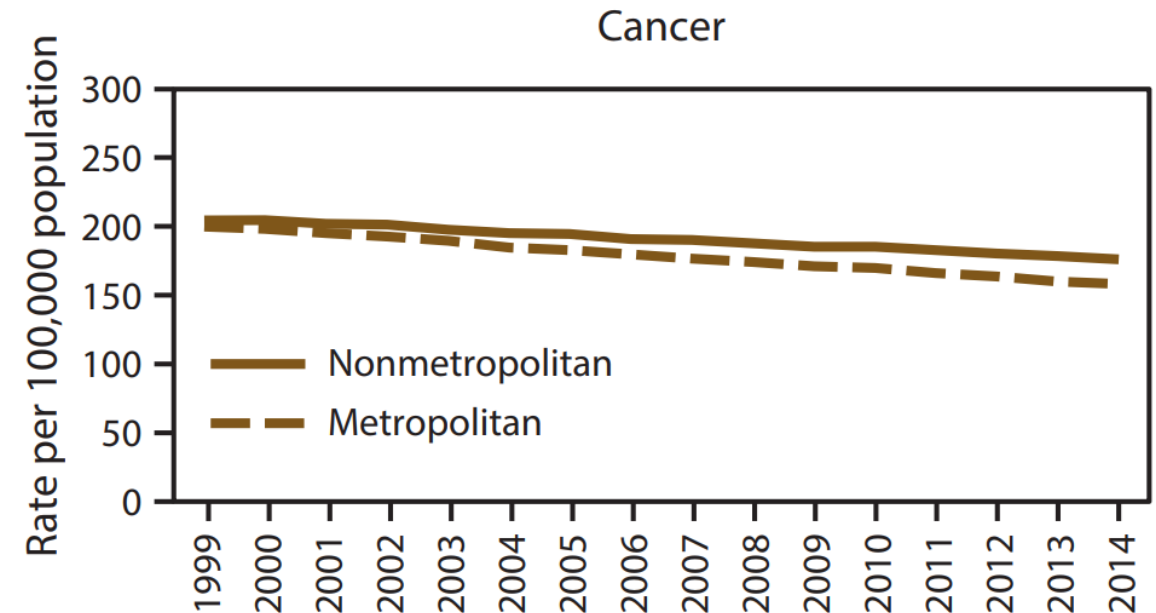
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CANCER IN RURAL AND FRONTIER POPULATIONS

- Second leading cause of death in the U.S.
- Rural areas have lower rates of new cases of cancer – but cancer deaths rates are higher
- Rural areas are making slower progress reducing new cases of cancer and cancer deaths

CANCER IN RURAL AND FRONTIER POPULATIONS

- Healthy People 2020 objectives: to decrease cancer mortality to **161.4** deaths per 100,000 population
- As of 2015, this objective has been met in metropolitan counties.
 - **157.8** cancer deaths per 100,000
- Yet, rural communities have been left behind.
 - **180.4** cancer deaths per 100,000



CANCER IN RURAL AND FRONTIER POPULATIONS

Rural populations have...

- Higher percentages of smoking
- Higher percentages of obesity/overweight

BUT...

- Rural populations have more difficulty accessing resources for quitting smoking, physical activity, and healthy eating. Also, rural populations may have less access to HPV vaccination.

CANCER IN RURAL AND FRONTIER POPULATIONS

Rural populations have...

- Lower access to cancer screening services to aid in early detection of cancer

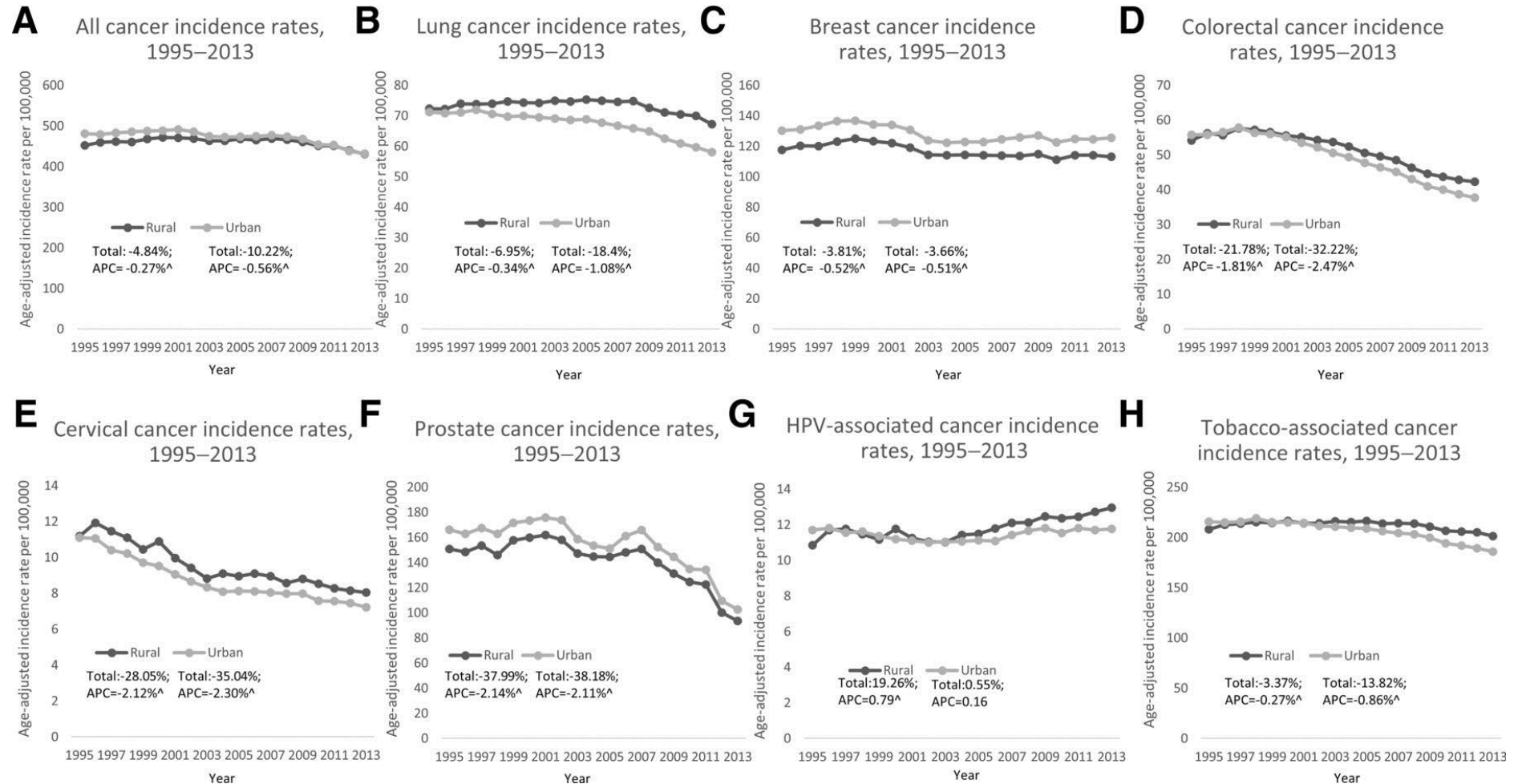
BUT...

- Finding and getting to cancer screening can be challenging
- Limited presence of health care providers for screening
- Limited options for follow-up (diagnostic) care for abnormal screening results

CANCER IN RURAL AND FRONTIER POPULATIONS

Prevention opportunities:

Rural populations had higher incidence of tobacco-associated, HPV-associated, and colorectal cancer.



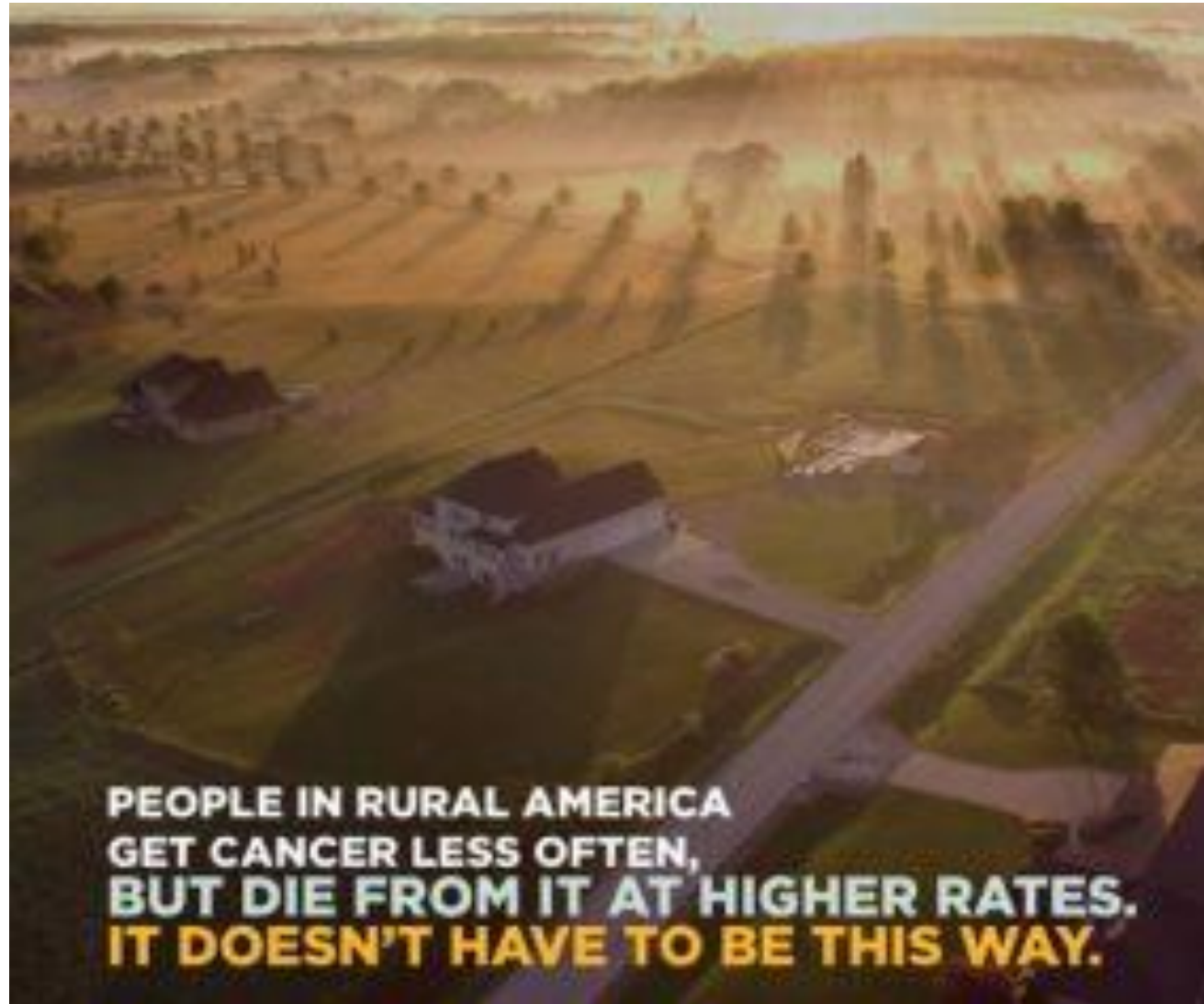
Zahnd et al. Rural-urban differences in cancer incidence and trends in the U.S. *CEBP*. 2018; 27(11):1265-74.



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CANCER IN RURAL AND FRONTIER POPULATIONS

- Need for investment in rural cancer control:
 - Only 3% of R- and P-mechanism grants were rural-focused from 2011-2016
 - Expanded focus on intersectionality in rural settings to encompass social determinants of health in addition to specific correlates of cancer control
 - Clear definitions and application of what constitutes rural and frontier populations
 - Complexity of conditions require equally complex interventions to address cancer disparities (as well as other health disparities)



PEOPLE IN RURAL AMERICA
GET CANCER LESS OFTEN,
BUT DIE FROM IT AT HIGHER RATES.
IT DOESN'T HAVE TO BE THIS WAY.



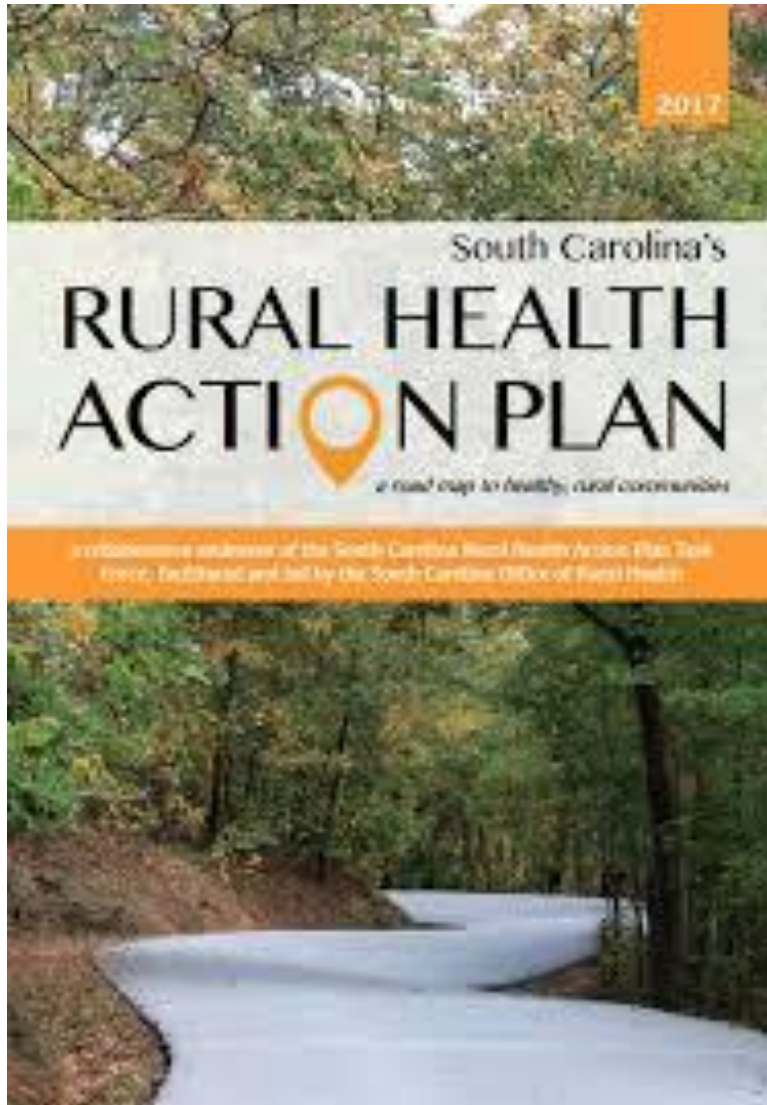
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RURAL COLON AND CERVICAL CANCER ENVIRONMENTAL SCAN IN SOUTH CAROLINA

This study is part of a larger Rural and Minority Health Research Center project entitled, “Rural Colon and Cervical Cancer (RCCC) Environmental Scan” and funded by the Federal Office of Rural Health Policy (FORHP) through an intra-agency agreement with the National Cancer Institute.



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Five areas of focus:

- Access to health care
- Community assets, leadership, and engagement
- Economic development
- Education
- Housing

South Carolina Office of Rural Health, South Carolina's Rural Health Action Plan <https://scorh.net/rural-health-action-plan/>



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RURAL COLON AND CERVICAL CANCER PROJECT

- **Rationale:** Persistent rural-urban disparities in cancer mortality raise concerns about access to and underutilization of state-of-the-art cancer care, as well as inadequate care coordination. Fewer providers in rural areas may hinder access to preventive, diagnostic, and treatment services.
- **Approach:** The Rural Colon and Cervical Cancer Environmental Scan uses mixed methods to identify opportunities for improving screening uptake, follow-up of abnormal screening, and timeliness and quality of cancer treatment received among rural South Carolinians.



RURAL COLON AND CERVICAL CANCER PROJECT OBJECTIVES



To provide a geospatial assessment of the cancer care workforce and burden in South Carolina



Identify existing initiatives (and associated gaps) targeting cancer prevention and control in rural counties



Determine barriers and facilitators to implementation of evidence-based and promising cancer prevention and control interventions among rural safety net providers



Describe care coordination and structural barriers impacting rural patients' cancer care experience and outcomes



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LANDSCAPE ASSESSMENT: RURAL CANCER INITIATIVES AND GAPS

Identify existing initiatives (and associated gaps) targeting cancer prevention and control in rural counties

- **Phase 1:** To conduct a brief, online survey of key stakeholders who represent organizations relevant to rural cancer in South Carolina (term used broadly to encompass multiple entities)
- **Phase 2:** To conduct in-depth, qualitative interviews with a subset of representatives of organizations who responded to the Phase 1 online survey
- **Phase 3:** To convene a working advisory group consisting of participants in Phases 1 and 2 to aid in distilling key themes related to existing initiatives and associated gaps focused on cancer prevention and control and prioritize action steps



PHASE 1: ONLINE SURVEY DOMAINS

Geographical
Reach

Cancer or Health
Focus

Rural Cancer
Control Barriers

Organization Type

Evidence-based
Guidelines

Rural Cancer
Control
Opportunities

Services and
Resources
Provided in Rural
South Carolina

Existing Initiatives

Planned Initiatives

Additional
Information



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PHASE 1: DATA COLLECTION

- **Recruitment:** Generated list of organizational representatives and other key stakeholders in rural cancer control in South Carolina (*next slide*)
- **Data Collection:** Online survey administration; personalized invitation and three personalized reminders sent by email



Survey Fielding Period: March 5-April 26, 2019

- Wave 1: March 5, 2019
- Wave 2: March 7, 2019
- Wave 3: March 25, 2019
- ***Wave 4: April 10, 2019



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PHASE 1: SAMPLE

Initial Sample = 211

Organizational Representatives
Identified:

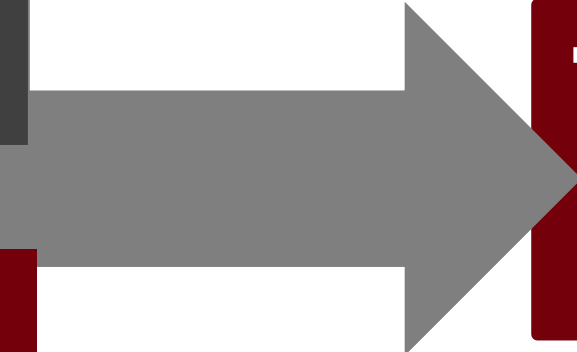
- Wave 1 (n=155)
- Wave 2 (n=27)
- Wave 3 (n=47)
- *Unable to locate valid contact information (n=18)*



Recommended = 18

Organizational Representatives
Recommended (not otherwise
included):

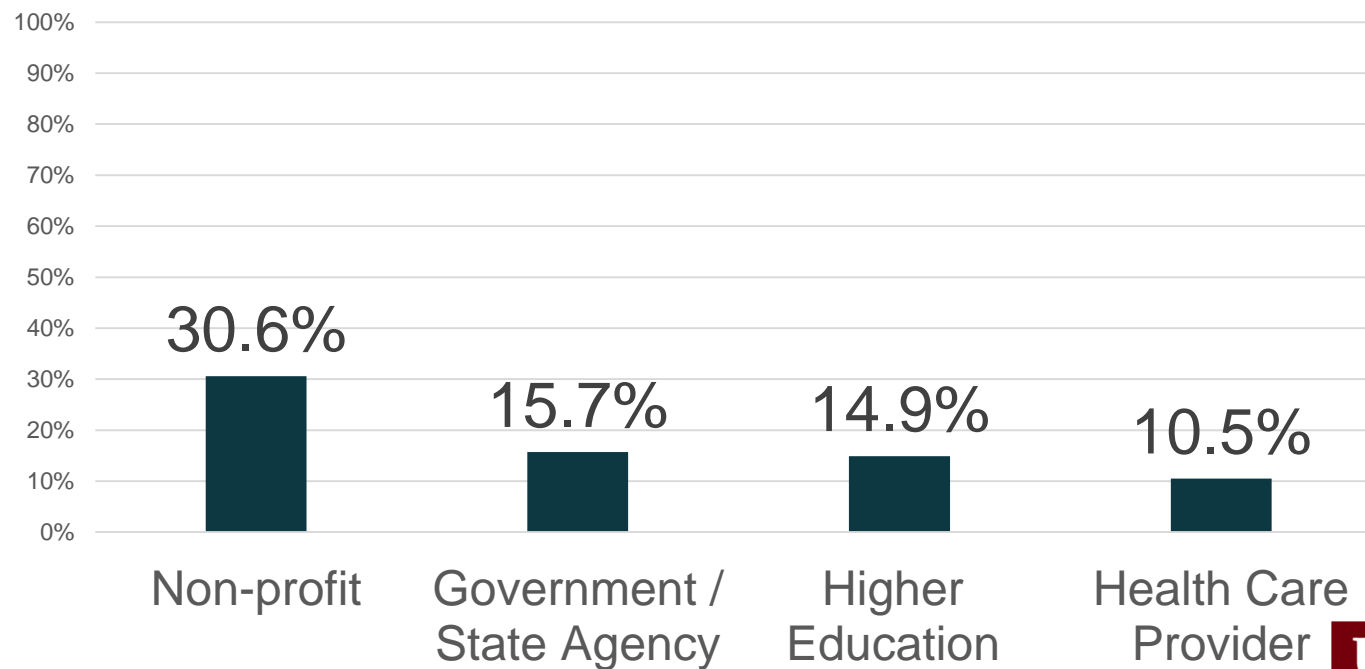
- Wave 4 (n=18)



**Total Sample
= 229**

RESULTS: RESPONDENTS

- 111 respondents (111/229 = **48.5% Response Rate**)
- Organization types:



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RESULTS: EXISTING INITIATIVES

- Cancer screening
- HPV vaccination
- Cancer treatment
- Tobacco cessation
- Other health-related programs

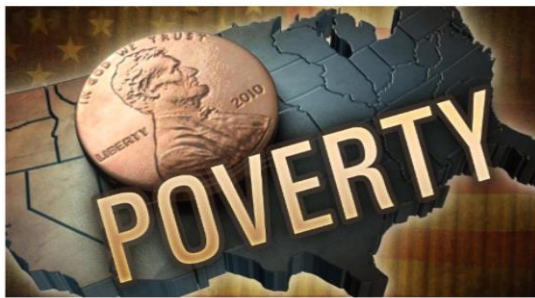
- Direct service provision
- Collaboration with health care entities and communities
- Research-related activities
- Coalitions and other examples of organizational collaboration



RESULTS: BARRIERS AFFECTING CANCER CONTROL IN RURAL COMMUNITIES



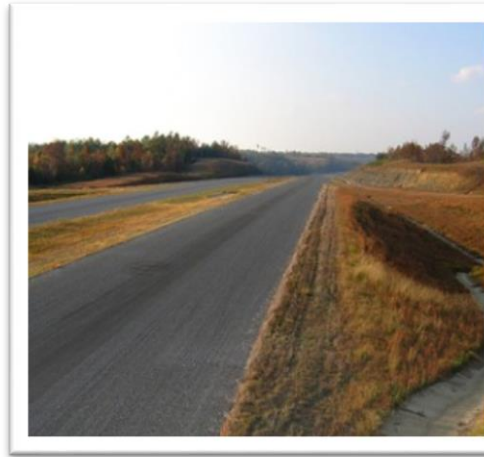
Education



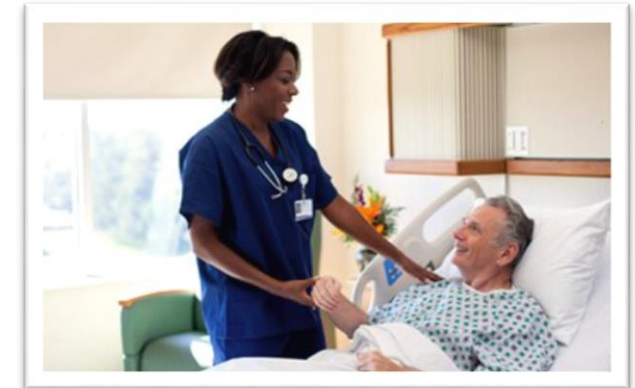
Poverty



Access to Care



Transportation



Health Care Providers



Funding



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RESULTS: OPPORTUNITIES FOR IMPROVEMENT



Access to Care



**Training Health Care
Providers**



Funding



Public Awareness



**Engage
Communities**



Coordination



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NEXT STEPS

Rural Colon and Cervical Cancer Environmental Scan, e.g.,

- Continue to analyze existing data in South Carolina and nationally to understand the landscape
- Learn from health care providers
- Conduct in-depth interviews with key stakeholders in South Carolina
- Convene advisory group to prioritize action items



NEXT STEPS

Also acting on the information we have to:

1. Work with rural health clinics in South Carolina to implement multi-level, multi-component, evidence-based interventions to **increase colorectal cancer screening**
2. Explore pharmacies as an important setting to **increase HPV vaccination** access points in rural South Carolina
3. Partner with the South Carolina Department of Health and Environmental Control and American Cancer Society to explore quality improvement approaches to **increase adolescent vaccination** in rural health care settings



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**What do you see as
opportunities to increase
cancer screening with rural
and frontier populations?**



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- South Carolina Office of Rural Health
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- This study is part of a larger Rural and Minority Health Research Center project entitled, “Rural Colon and Cervical Cancer (RCCC) Environmental Scan” and funded by the Federal Office of Rural Health Policy (FORHP) through an intra-agency agreement with the National Cancer Institute. This study was supported by the FORHP, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement U1CRH30539. The information, conclusions, and opinions expressed in this presentation are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.



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